ROBERT A. VOGEL, M.D. HEALTH COMMISSIONER



MONTGOMERY COUNTY COMBINED GENERAL HEALTH DISTRICT

COUNTY GOVERNMENT PLAZA 451 WEST THIRD STREET DAYTON, OHIO 45422 BOARD OF HEALTH

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DIVISION OF ENVIRONMENTAL HEALTH DAVID B. PEDEN, M.P.H., DIRECTOR 513 - 225-4443

December 11, 1981

Alcine Grillot 2708 Kreitzer Road Dayton, Ohio 45439

Re: Solid Waste Disposal Facility Licenses for 1982

Licenses for 1982 South Dayton Landfill 1975 Springboro Pike Moraine, Ohio 45409

Dear Mr. Grillot:

Please be advised that the applications and licenses for the operation of solid waste disposal facilities are being held by this agency pending our receipt of the Ohio EPA procedures to be followed for licensing of the facilities under the new law.

Should this delay extend into January, 1982, you are authorized by the Health District to continue to operate your facility.

We hope this delay has not caused any inconvenience.

If you have any questions, please call me at 225-4446.

Sincerely,

Terry L. Wight, M.P.H.

Supervisor

Bureau of General Services

TLW/njr

STA, JOF OHIO ENVIRONMENTAL PROTECT. IN AGENCY

APPLICATION FOR LICENSE TO OPERATE A SOLID WASTE DISPOSAL FACILITY	
MONTGOMERY COUN	DISTRICT BOARD OF HEALTH
	<u>1981</u>
Name of Applicant Alcine S. Gril	lot
Address of Applicant 2708 Kre	eitzer Road, Moraine, Ohio 45439
Name of Facility South Dayton Landfill	
Location of Facility 1975 Springboro Road, Moraine, Ohio 45439	
Is this application for a Government or Private X operation?	
Is this facility currently licensed? Yes x No	
Have plans been approved for this facility? Yes <u>x</u> No If no, has an operational report been submitted? Yes <u>x</u> No	
Disposal Method:	
Landfill x Incinerator Composting Other	
The applicant signing this application agrees to operate the disposal facility in	
satisfactory compliance with the Ohi	io Solid Waste Law, Chapter 3734
of the Ohio Revised Code, and Chapte	ers 3745-27 and 3745-37 of the Ohio Administrative
Code, adopted pursuant to Chapter 37	734 of the Ohio Revised Code, and the conditions
of operation typed on the back of this form.	
	SOUTH DAYTON LANDFILL
HEALTH DEPARTMENT USE	(Signature of Applicant)
Approved(Date)	(Title)
	Fee \$ Include with application
Denied(Date)	Date:
(Health Commissioner)	
Date license issued	
License number	